



For CMFCAA Office Use:
Date Request Received:

Begin Again Backpack Intake Form

***This form is to be filled out by the social worker and given to CMFCAA.**

Child's Name: _____

Age: _____ Male Female County: _____

Number of Siblings: _____ Date Child Entered State Care: _____

Race: (check all that apply)

African American Caucasian Hispanic Pacific Islander
 Asian Interracial First Nation

Clothing Sizes: Tops: _____ Shoes: _____ School Grade: _____

Pants: _____ Diaper: _____ Needs School Supplies: Y N

Social Worker: _____ Agency: _____

Foster Adoptive Kinship Guardianship Relative

Name of Guardian: _____

Address: _____

Guardian Email: _____

Guardian Phone: _____

Reason for placement:

Abuse Neglect Drugs/Alcohol Parent Imprisonment

Death of Parent(s) Other _____

CMFCAA Representative: _____

Picked Up by: _____

Date _____